

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>*1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <b>*If Revision, select appropriate letter(s):</b> * Other (Specify)
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> SD 461392 Rapid City B-12-MC-46-0002
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> N/A		<b>7. State Application Identifier:</b> N/A
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> City of Rapid City		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 46-60000380		<b>*c. Organizational DUNS:</b> 057222119
<b>d. Address:</b>		
<b>*Street1:</b> 300 Sixth Street <b>Street 2:</b> <b>*City:</b> Rapid City <b>County:</b> Pennington <b>*State:</b> South Dakota <b>Province:</b> <b>Country:</b> USA		
<b>*Zip/ Postal Code:</b> 57701		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Community Resources Department		<b>Division Name:</b> Community Development Division
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms. <b>First Name:</b> Barbara <b>Middle Name:</b> <b>*Last Name:</b> Garcia <b>Suffix:</b>		
<b>Title:</b> Manager, Community Development		
<b>Organizational Affiliation:</b> City of Rapid City/Community Development Division		
<b>*Telephone Number:</b> 605-394-4181		<b>Fax Number:</b> 605-355-3520
<b>*Email:</b> barbara.garcia@rcgov.org		

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9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218 Entitlement Grant

CFDA Title:

Community Development Block Grant

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Properties or persons located inside the corporate limits of Rapid City, Pennington County, South Dakota

\*15. Descriptive Title of Applicant's Project:

Property acquisition; acquisition rehabilitation; acquisition cost assistance for low income home buyers; public facilities and improvements; infrastructure; construction/rehabilitation and public services that benefit low income persons and households.

**Attach supporting documents as specified in agency instructions.**

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16. Congressional Districts Of:

\*a. Applicant **District 1**

\*b. Program/Project: **District 1**

Attach an additional list of Program/Project Congressional Districts if needed.

N/A

17. Proposed Project:

\*a. Start Date: **April 1, 2012**

\*b. End Date: **March 31, 2013**

18. Estimated Funding (\$):

\*a. Federal **\$465,934.00**

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income **\$60,000.00**

\*g. TOTAL **\$525,934.00**

\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: **Mr.**

\*First Name: **Sam**

Middle Name:

\*Last Name: **Kooiker**

Suffix:

\*Title: **Mayor**

\*Telephone Number: **605-394-4110**

Fax Number: **605-394-6973**

\*Email: **sam.kooiker@rcgov.org**

\*Signature of Authorized Representative:

Date Signed: **02/07/12**

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**\*Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A